



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF SCHOOL IMPROVEMENT – ASSESSMENT SECTION

**END-OF-COURSE ASSESSMENT ACHIEVEMENT LEVEL SETTING NON-TEACHER  
EDUCATOR NOMINATION (INCLUDING POST-SECONDARY EDUCATOR)**

**Directions**

Complete this form for each individual you wish to nominate to serve as a panelist for End-of-Course Assessment Achievement Level Setting. Please verify spelling of first and last name of the individual you are nominating, and ensure that all information is complete and accurate. You may duplicate this form if you would like to nominate more than one individual.

FAX OR MAIL the completed form no later than **September 15, 2008**, to the Assessment Section

FAX: (573) 526-0812

MAIL: MO Department of Elementary and Secondary Education, Assessment Section

P.O. Box 480

Jefferson City, MO 65102

QUESTIONS: Call: (573) 751-3545 or Email: [map@dese.mo.gov](mailto:map@dese.mo.gov)

**Content Area**

END-OF-COURSE ASSESSMENT FOR WHICH NOMINEE SHOULD SERVE AS A PANELIST (please check one):

☐ Algebra I ☐ English II ☐ Biology

**Participant Information**

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL) Please Print:

HOME ADDRESS:

CITY, STATE, ZIP CODE:

HOME E-MAIL ADDRESS

HOME PHONE NUMBER:

RACE/ETHNICITY (optional): ☐ Asian/Pac Isl. ☐ Black ☐ Hispanic

☐ Native Am. Indian ☐ White

GENDER: ☐ Male ☐ Female

**District Information (If nominee is a post-secondary educator, please provide name of institution.)**

SCHOOL DISTRICT NAME:

COUNTY-DISTRICT CODE:

SCHOOL BUILDING NAME:

SCHOOL CODE:

SCHOOL EMAIL ADDRESS:

SCHOOL PHONE NUMBER

**Experience/Expertise**

Summarize the nominee's involvement in education initiatives that are pertinent to end-of-course assessment achievement level setting (e.g., Show-Me Standards development/review, Grade-Level/Course-Level Expectations development/review, EOC development activities)

CURRENT POSITION/TITLE:

PREVIOUS TEACHING EXPERIENCE

# OF YEARS IN CURRENT POSITION: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_ Years: \_\_\_\_\_ Subject Area(s): \_\_\_\_\_

AREAS OF EXPERTISE (Mark all that apply):

☐ Regular Education ☐ Special Education ☐ English Language Learners (ELL)

**Professional Organizations/Affiliations**

**Individual Providing Nomination**

NAME/TITLE

PHONE NUMBER

E-MAIL ADDRESS